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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 10/696,727

Filing Date 10/28/03

First Named Inventor Simonson, Rush E.

Art Unit

Examiner Name

Attorney Docket Number 080083.00004

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Status Inquiry; Express Mail Certificate; Return Receipt Postcard
<input type="checkbox"/> Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

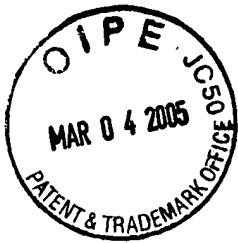
Firm Name	Holland & Knight LLP		
Signature			
Printed name	Michael J. Colitz, III		
Date	3-4-05	Reg. No.	37,010

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Michael J. Colitz, III	Date	3-4-05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Simonson, Rush E.  
SERIAL NUMBER: 10/696,727  
FILED: 10/28/03  
FOR: Improved Vertebral Implants Adapted for Posterior Insertion  
ATTORNEY DOCKET NO.: 080083.00004

STATUS INQUIRY

No Office Action has been received from the Patent Office since the filing of the subject application. Hence, a status report is respectfully requested.

Respectfully submitted,

Michael J. Colitz, III  
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CERTIFICATE OF MAILING

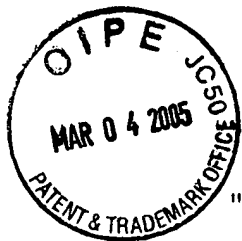
I HEREBY CERTIFY that the foregoing was placed in an envelope and mailed via first class mail, postage paid, to: U.S. Patent and Trademark Office, Customer Service Window, Randolph Building, 401 Dulany Street, Alexandria, VA 22314 this 4 day of March, 2005.

The Commissioner is hereby authorized to charge any additional fees which may be required at any time during the prosecution of this application without

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Michael J. Colitz, III

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DATE OF DEPOSIT: 3-4-05

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The Commissioner is hereby authorized to charge any additional fees which may be required at any time during the prosecution of this application without specific authorization, or credit any overpayment, to Deposit Account No. 50-1667.

  
Michael J. Colitz, III